

**RESPITE CARE PRE-SCREENING**

A. DATE

**I. GENERAL INFORMATION****A. REFERRAL INFORMATION**

1. REFERRED BY (NAME AND AGENCY, IF APPLICABLE)

2. REFERRAL DATE

3. TELEPHONE NUMBER

**B. CAREGIVER INFORMATION**

1. NAME LAST FIRST MI

2. IDENTIFICATION NUMBER

3. ADDRESS STREET

CITY STATE ZIP CODE

4. HOME TELEPHONE NUMBER 3. WORK TELEPHONE NUMBER

**C. PARTICIPANT #1 INFORMATION**

1. NAME

2. IDENTIFICATION NUMBER

3. ADDRESS STREET

CITY STATE ZIP CODE

4. HOME TELEPHONE NUMBER

**D. PARTICIPANT #2 INFORMATION**

1. NAME

2. IDENTIFICATION NUMBER

**II. PRE-SCREENING CRITERIA**

YES NO

**A. CRITERIA**

1. Caregiver provides care without pay ..... ☐ YES ☐ NO
2. Caregiver is the primary person helping supervising (provides a minimum of 16 hours a day) ..... ☐ YES ☐ NO
3. Caregiver is at risk of not being able to continue caregiving if support service is not provided ..... ☐ YES ☐ NO
4. Participant needs continuous care or supervision (needs someone available for a minimum of 16 hours a day) ..... ☐ YES ☐ NO
5. Participant is 18 years of age or older ..... ☐ YES ☐ NO

**B. Participant/caregiver meets all of the above screening criteria:**☐ Yes ☐ No

If no, specify reasons and go to Part IV:

C. Participant/caregiver have been informed there may be financial participation: ☐ Yes ☐ NoD. Does caregiver want services provided by the respite care program? ☐ Yes ☐ No

If no, specify reasons and go to Part IV:

**III. EMERGENCY REFERRAL**A. Is this an emergency referral? ☐ Yes ☐ No

B. Type of emergency (describe):

C. Services needed by:

D. Action taken:

**IV. REFERRALS/REFUSALS**

A. If participant/caregiver do not meet the pre-screening criteria (II.B) or refused respite care (II.D), complete this section.

Make referrals as appropriate to other community resources:

B. Is caregiver or participant receiving case management services? ☐ Yes ☐ No

If yes, specify program:

C. Referral made to case manager for assessment:

☐ Yes ☐ No

NAME

DATE

**PRE-SCREENING COMPLETED BY:**

NAME

DATE

## RESPIRE CARE PRE-SCREENING INSTRUCTIONS

### Purposes

The purposes of the pre-screening are to: 1) provide information to individuals requesting respite care services; 2) determine whether the caregiver and the participant meet the pre-screening criteria; 3) make referrals to a case manager and/or other appropriate community services; and 4) collect data for Aging and Adult Services Administration (AASA).

### General Instructions

1. Complete a pre-screening form on all potential caregivers and participants who request respite care services.
2. This form can be completed by either a Senior Information and Assistance (I&A) telephone screener or a respite care case manager.
3. If an I & A screener completes the form, the pre-screening is then transferred to the assigned respite care case manager.
4. Include a copy of this form in the file of the caregiver/participant.

### Specific Instructions

#### I. GENERAL INFORMATION

A. Referral information: Self-explanatory

B. Caregiver information

1. Print last name, first name, and middle initial.
2. Enter the caregiver's identification number in this space.
3. Give caregiver's complete address, including zip code.
4. Caregiver's home telephone with area code.
5. Caregiver's work telephone number, if applicable, include area code.

C. Participant #1 information

1. Print last name, first name, and middle initial.
2. Enter the participant's identification number in this space.
3. If participant lives with the caregiver, write "same." Complete if different from caregiver's address.
4. If the telephone number is the same as the caregiver's, write "same." If the number is different, complete this answer.

D. Participant #2 information: Self-explanatory

#### II. PRE-SCREENING CRITERIA

- A. These pre-screening criteria are based on legislation and program standards. Both the caregiver and participant(s) must meet criteria 1 - 5 to become eligible for the program and be entitled to a complete respite care assessment.

Check the appropriate "yes" or "no" box for statements 1 - 5. For question 4, if there are two participants, at least one must need continuous care or supervision for a minimum of 16 hours a day. For question 5, if there are two participants and one participant is under 18 years of age, that person is not eligible for respite care services. If there are two participants who do not have the same responses for questions 4 and 5, note this in the space next to each statement.

- B. Participant/caregiver must meet all of the above screening criteria. To meet the screening criteria, all items A. 1 - 5 must be checked "yes." If any of the criteria are marked "no," specify the reason and go to Section IV.
- C. Screener/case manager should inform participant/caregiver that there may be financial participation based on the monthly income of the participant (depending if income exceeds 40 percent of the State Median Income).
- D. If yes, explain that a full assessment will be completed to determine the financial participation of the participant, to gather more information on the participant's and the caregiver's condition and needs, and to develop a service plan. Explain that the case manager will be calling to arrange a visit. If the caregiver does not want respite (either now or later), check "no," specify the reason(s) and go to part IV.

#### III. EMERGENCY REFERRAL

- A. Check "yes" if caregiver reports that there is an emergency for which respite care services are needed.
- B. Indicate the reason or type of emergency. For example, if scheduled for surgery in two days, or if a family member has a health problem and requires the caregiver's help, provide the information here.
- C. Indicate the day (and time, if known) when the respite care services are needed.
- D. Describe in this space what the emergency respite care service plan is, if known, at the time of the pre-screening.

#### IV. REFERRALS/REFUSALS

- A. The pre-screener should make referrals to other community services or to a case manager, as appropriate, for the identified needs of the person requesting respite. List the services.
- B. Specify the case management program and for whom the program focuses (caregiver or participant).
- C. Self-explanatory.

PRE-SCREENING COMPLETED BY: The person who performed the pre-screening should sign and date in this space.

A copy of the pre-screening form should be sent to the case manager to initiate a respite care assessment.